



**OFFICE OF THE CHIEF MEDICAL EXAMINER
TARRANT COUNTY MEDICAL EXAMINER'S DISTRICT**

**200 Feliks Gwozdz Place
Fort Worth, Texas 76104-4919
Phone: 817-920-5700 Fax: 817-920-5713**

Date: _____

REQUEST FOR COPY OF AUTOPSY REPORT

I hereby request a copy of the autopsy report of decedent:

Tarrant County Medical Examiner District's Case Number: _____

Date of death: _____.

Signature

Printed Name

Relationship to deceased

Address

City, State, ZIP

Phone

() I will pick up report in person, or () please mail report to me.

If a *certified copy* of the report is required, please be advised there is a fee of \$75.00.